TennCare Companion Guide

837 Health Care Claim : Institutional V5010X223A2

Version: 1.0 Final

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

Table of Contents

837

Health Care Claim : Institutional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical Transaction	M	1			Required
LOOP ID - 1000A					**1**	**N1/0200L**	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact Information	O	2			Required
LOOP ID - 1000B					**1**	**N1/0200L**	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**>1**		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	O	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP ID - 2010AA					**1**	**N2/0150L**	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	O	1			Required
0350	REF	Billing Provider Tax Identification	O	1			Required
0400	PER	Billing Provider Contact Information	O	2			Situational
LOOP ID - 2010AB					**1**	**N2/0150L**	
0150	NM1	Pay-to Address Name	O	1		N2/0150	Situational

| 0250 | N3 | Pay-To Address - ADDRESS | O | 1 | | | Required |
| 0300 | N4 | Pay-to Address City, State, ZIP Code | O | 1 | | | Required |

LOOP ID - 2010AC					**1**	**N2/0150L**	
0150	NM1	Pay-To Plan Name	O	1		N2/0150	Situational
0250	N3	Pay-To Plan Address	O	1			Required
0300	N4	Pay-To Plan City/State/Zip Code	O	1			Required
0350	REF	Pay-To Plan Secondary Identification	O	1			Situational
0350	REF	Pay-To Tax Identification Number	O	1			Required

LOOP ID - 2000B					**>1**		
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	O	1			Required
LOOP ID - 2010BA					**1**	**N2/0150L**	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP Code	O	1			Situational
0320	DMG	Subscriber Demographic Information	O	1			Situational
0350	REF	Subscriber Secondary Identification	O	1			Situational
0350	REF	Property and Casualty Claim Number	O	1			Situational

LOOP ID - 2010BB					**1**	**N2/0150L**	
0150	NM1	Payer Name	O	1		N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary Identification	O	1			Situational

LOOP ID - 2300					**100**		
1300	CLM	Claim information	O	1			Situational
1350	DTP	Discharge Hour	O	1			Situational
1350	DTP	Statement Dates	O	1			Required
1350	DTP	Admission Date/Hour	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1400	CL1	Institutional Claim Code	O	1			Required
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Estimated Amount Due	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Investigational Device Exemption Number	O	5			Situational

1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Auto Accident State	O	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Peer Review Organization (PRO) Approval Number	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	10			Situational
1900	NTE	Billing Note	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Principal Diagnosis	O	1			Required
2310	HI	Admitting Diagnosis	O	1			Situational
2310	HI	Patient's Reason For Visit	O	1			Situational
2310	HI	External Cause of Injury	O	1			Situational
2310	HI	Diagnosis Related Group (DRG) Information	O	1			Situational
2310	HI	Other Diagnosis Information	O	2			Situational
2310	HI	Principal Procedure Information	O	1			Situational
2310	HI	Other Procedure Information	O	2			Situational
2310	HI	Occurrence Span Information	O	2			Situational
2310	HI	Occurrence Information	O	2			Situational
2310	HI	Value Information	O	2			Situational
2310	HI	Condition Information	O	2			Situational
2310	HI	Treatment Code Information	O	2			Situational
2410	HCP	Claim Pricing/Repricing Information	O	1			Situational
LOOP ID - 2310A					**1**	N2/2500L	
2500	NM1	Attending Provider Name	O	1		N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	O	1			Situational
2710	REF	Attending Provider Secondary Identification	O	4			Situational
LOOP ID - 2310B					**1**	N2/2500L	
2500	NM1	Operating Physician Name	O	1		N2/2500	Situational
2710	REF	Operating Physician Secondary Identification	O	4			Situational
LOOP ID - 2310C					**1**	N2/2500L	
2500	NM1	Other Operating Physician Name	O	1		N2/2500	Situational
2710	REF	Other Operating Physician Secondary Identification	O	4			Situational
LOOP ID - 2310D					**1**	N2/2500L	
2500	NM1	Rendering Provider Name	O	1		N2/2500	Situational
2710	REF	Rendering Provider Secondary Identification	O	4			Situational
LOOP ID - 2310E					**1**	N2/2500L	
2500	NM1	Service Facility Location Name	O	1		N2/2500	Situational
2650	N3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location	O	1			Required

		City/State/ZIP					
2710	REF	Service Facility Secondary Identification	O	3			Situational

LOOP ID - 2310F					**1**	**N2/2500L**	
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational

LOOP ID - 2320					**10**	**N2/2900L**	
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3100	OI	Other Insurance Coverage Information	O	1			Required
3150	MIA	Inpatient Adjudication Information	O	1			Situational
3200	MOA	Outpatient Adjudication Information	O	1			Situational

LOOP ID - 2330A					**1**	**N2/3250L**	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/ZIP Code	O	1			Situational
3550	REF	Other Subscriber Secondary Information	O	2			Situational

LOOP ID - 2330B					**1**	**N2/3250L**	
3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City/State/ZIP Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational

LOOP ID - 2330C					**1**	**N2/3250L**	
3250	NM1	Other Payer Attending Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Attending Provider Secondary Identification	O	4			Required

LOOP ID - 2330D					**1**	**N2/3250L**	
3250	NM1	Other Payer Operating Physician	O	1		N2/3250	Situational

3550	REF	Other Payer Operating Physician Secondary Identification	O	4		Required
LOOP ID - 2330E				**1**	**N2/3250L**	
3250	NM1	Other Payer Other Operating Physician	O	1	N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	O	4		Required
LOOP ID - 2330F				**1**	**N2/3250L**	
3250	NM1	Other Payer Service Facility Location	O	1	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3		Required
LOOP ID - 2330G				**1**	**N2/3250L**	
3250	NM1	Other Payer Rendering Provider Name	O	1	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	O	4		Required
LOOP ID - 2330H				**1**	**N2/3250L**	
3250	NM1	Other Payer Referring Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3		Required
LOOP ID - 2330I				**1**	**N2/3250L**	
3250	NM1	Other Payer Billing Provider	O	1	N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2		Required
LOOP ID - 2400				**999**	**N2/3650L**	
3650	LX	Service Line Number	O	1	N2/3650	Required
3750	SV2	Institutional Service Line	O	1		Required
4200	PWK	Line Supplemental Information	O	10		Situational
4550	DTP	Date - Service Date	O	1		Situational
4700	REF	Line Item Control Number	O	1		Situational
4700	REF	Repriced Line Item Reference Number	O	1		Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1		Situational
4750	AMT	Service Tax Amount	O	1		Situational
4750	AMT	Facility Tax Amount	O	1		Situational
4850	NTE	Third Party Organization Notes	O	1		Situational
4920	HCP	Line Pricing/Repricing Information	O	1		Situational
LOOP ID - 2410				**1**	**N2/4930L**	
4930	LIN	Drug Identification	O	1	N2/4930	Situational
4940	CTP	Drug Quantity	O	1		Required
4950	REF	Prescription or Compound Drug Association Number	O	1		Situational
LOOP ID - 2420A				**1**	**N2/5000L**	

| 5000 | NM1 | Operating Physician Name | O | 1 | | N2/5000 | Situational |
| 5250 | REF | Operating Physician Secondary Identification | O | 20 | | | Situational |

LOOP ID - 2420B					**1**	**N2/5000L**	
5000	NM1	Other Operating Physician Name	O	1		N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	O	20			Situational

LOOP ID - 2420C					**1**	**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	O	20			Situational

LOOP ID - 2420D					**1**	**N2/5000L**	
5000	NM1	Referring Provider Name	O	1		N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	O	20			Situational

LOOP ID - 2430					**15**	**N2/5400L**	
5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational

LOOP ID - 2000C					**>1**		
0010	HL	Patient Hierarchical Level	O	1			Situational
0070	PAT	Patient Information	O	1			Required
LOOP ID - 2010CA					**1**	**N2/0150L**	
0150	NM1	Patient Name	O	1		N2/0150	Required
0250	N3	Patient Address	O	1			Required
0300	N4	Patient City/State/ZIP Code	O	1			Required
0320	DMG	Patient Demographic Information	O	1			Required
0350	REF	Property and Casualty Claim Number	O	1			Situational
0350	REF	Property and Casualty Patient Identifier	O	1			Situational

LOOP ID - 2300					**100**		
1300	CLM	Claim information	O	1			Required
1350	DTP	Discharge Hour	O	1			Situational
1350	DTP	Statement Dates	O	1			Required
1350	DTP	Admission Date/Hour	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1400	CL1	Institutional Claim Code	O	1			Required
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Estimated Amount Due	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational

1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Investigational Device Exemption Number	O	5			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Auto Accident State	O	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Peer Review Organization (PRO) Approval Number	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	10			Situational
1900	NTE	Billing Note	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Principal Diagnosis	O	1			Required
2310	HI	Admitting Diagnosis	O	1			Situational
2310	HI	Patient's Reason For Visit	O	1			Situational
2310	HI	External Cause of Injury	O	1			Situational
2310	HI	Diagnosis Related Group (DRG) Information	O	1			Situational
2310	HI	Other Diagnosis Information	O	2			Situational
2310	HI	Principal Procedure Information	O	1			Situational
2310	HI	Other Procedure Information	O	2			Situational
2310	HI	Occurrence Span Information	O	2			Situational
2310	HI	Occurrence Information	O	2			Situational
2310	HI	Value Information	O	2			Situational
2310	HI	Condition Information	O	2			Situational
2310	HI	Treatment Code Information	O	2			Situational
2410	HCP	Claim Pricing/Repricing Information	O	1			Situational
LOOP ID - 2310A				**1**	N2/2500L		
2500	NM1	Attending Provider Name	O	1		N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	O	1			Situational
2710	REF	Attending Provider Secondary Identification	O	4			Situational
LOOP ID - 2310B				**1**	N2/2500L		
2500	NM1	Operating Physician Name	O	1		N2/2500	Situational
2710	REF	Operating Physician Secondary Identification	O	4			Situational
LOOP ID - 2310C				**1**	N2/2500L		
2500	NM1	Other Operating Physician Name	O	1		N2/2500	Situational
2710	REF	Other Operating Physician Secondary Identification	O	4			Situational
LOOP ID - 2310D				**1**	N2/2500L		
2500	NM1	Rendering Provider Name	O	1		N2/2500	Situational
2710	REF	Rendering Provider Secondary Identification	O	4			Situational
LOOP ID - 2310E				**1**	N2/2500L		
2500	NM1	Service Facility Location	O	1		N2/2500	Situational

		Name					
2650	N3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location City/State/ZIP	O	1			Required
2710	REF	Service Facility Secondary Identification	O	3			Situational

LOOP ID - 2310F					**1**	**N2/2500L**	
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational

LOOP ID - 2320					**10**	**N2/2900L**	
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3100	OI	Other Insurance Coverage Information	O	1			Required
3150	MIA	Inpatient Adjudication Information	O	1			Situational
3200	MOA	Outpatient Adjudication Information	O	1			Situational

LOOP ID - 2330A					**1**	**N2/3250L**	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/ZIP Code	O	1			Situational
3550	REF	Other Subscriber Secondary Information	O	2			Situational

LOOP ID - 2330B					**1**	**N2/3250L**	
3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City/State/ZIP Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational

LOOP ID - 2330C					**1**	**N2/3250L**	
3250	NM1	Other Payer Attending Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Attending Provider Secondary Identification	O	4			Required

LOOP ID - 2330D					**1**	N2/3250L	
3250	NM1	Other Payer Operating Physician	O	1		N2/3250	Situational
3550	REF	Other Payer Operating Physician Secondary Identification	O	4			Required

LOOP ID - 2330E					**1**	N2/3250L	
3250	NM1	Other Payer Other Operating Physician	O	1		N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	O	4			Required

LOOP ID - 2330F					**1**	N2/3250L	
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required

LOOP ID - 2330G					**1**	N2/3250L	
3250	NM1	Other Payer Rendering Provider Name	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	O	4			Required

LOOP ID - 2330H					**1**	N2/3250L	
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required

LOOP ID - 2330I					**1**	N2/3250L	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2			Required

LOOP ID - 2400					**999**	N2/3650L	
3650	LX	Service Line Number	O	1		N2/3650	Required
3750	SV2	Institutional Service Line	O	1			Required
4200	PWK	Line Supplemental Information	O	10			Situational
4550	DTP	Date - Service Date	O	1			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1			Situational
4750	AMT	Service Tax Amount	O	1			Situational
4750	AMT	Facility Tax Amount	O	1			Situational
4850	NTE	Third Party Organization Notes	O	1			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational

LOOP ID - 2410					**1**	N2/4930L	
4930	LIN	Drug Identification	O	1		N2/4930	Situational
4940	CTP	Drug Quantity	O	1			Required

4950	REF	Prescription or Compound Drug Association Number	O	1			Situational
LOOP ID - 2420A					**1**	**N2/5000L**	
5000	NM1	Operating Physician Name	O	1		N2/5000	Situational
5250	REF	Operating Physician Secondary Identification	O	20			Situational
LOOP ID - 2420B					**1**	**N2/5000L**	
5000	NM1	Other Operating Physician Name	O	1		N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	O	20			Situational
LOOP ID - 2420C					**1**	**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP ID - 2420D					**1**	**N2/5000L**	
5000	NM1	Referring Provider Name	O	1		N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	O	20			Situational
LOOP ID - 2430					**15**	**N2/5400L**	
5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational
5550	SE	Transaction Set Trailer	M	1			Required

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

ISA   Interchange Control Header

Pos:	**Max: 1**
Not Defined - Mandatory	
Loop: N/A	**Elements: 16**

User Option (Usage): Required
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required

Description: Code identifying the type of information in the Authorization Information
TennCare Notes: *Preferred value is '00'*

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)
03	Additional Data Identification

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required

Description: Code identifying the type of information in the Security Information
TennCare Notes: *Preferred value is '00'*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified
TennCare Notes: *Preferred value is 'ZZ'*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element
TennCare Notes: *This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified
TennCare Notes: *Preferred value is 'ZZ'*

	Code	**Name**				
	01	Duns (Dun & Bradstreet)				
	14	Duns Plus Suffix				
	20	Health Industry Number (HIN)				
	27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)				
	28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)				
	29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)				
	30	U.S. Federal Tax Identification Number				
	33	National Association of Insurance Commissioners Company Code (NAIC)				
	ZZ	Mutually Defined				

ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required

Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

TennCare Notes: *It will be TennCare's ID '626001445TC' for Inbound Transactions. This value will be the Sender Trading Partner ID for Outbound Transactions.*

ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender

TennCare Notes: *System generated*

ISA15	I14	**Interchange Usage Indicator**	M	ID	1/1	Required

Description: Code indicating whether data enclosed by this interchange envelope is test, production or information

TennCare Notes: *Use 'T' for Test Transactions and 'P' for Production Transactions.*

	Code	**Name**
	P	Production Data
	T	Test Data

GS   Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	**Elements: 8**

User Option (Usage): Required
Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required
		Description: Code identifying party sending transmission; codes agreed to by trading partners				
		TennCare Notes: *Same as ISA06.*				
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required
		Description: Code identifying party receiving transmission; codes agreed to by trading partners				
		TennCare Notes: *Same as ISA08.*				

BHT   Beginning of Hierarchical Transaction

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	**Elements: 6**

User Option (Usage): Required
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT06	640	**Transaction Type Code**	O	ID	2/2	Required

Description: Code specifying the type of transaction

Medicare Advantage Notes:
Error Message: BHT06 code Invalid. Valid Transaction Type Code for Tenncare is 'CH'.
Description: Valid Transaction Type Code for Tenncare is 'CH'.

Code	Name
31	Subrogation Demand
CH	Chargeable
RP	Reporting

NM1 Billing Provider Name

Pos: 0150	**Max: 1**
Detail - Optional	
Loop: 2010AA	**Elements: 5**

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code
Medicare Advantage Notes:
Error Message: Tenncare requires Billing Provider NPI to be present on all transactions.
Description: Billing provider NPI (Where 2010AA NM108 = 'XX') is required on all transactions.

NM1 Subscriber Name

Pos: 0150	**Max: 1**
Detail - Optional	
Loop: 2010BA	**Elements: 8**

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code
Medicare Advantage Notes:
Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators.
Description: 2010BA NM109 where NM108= 'MI' (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11.

SBR   Other Subscriber Information

Pos: 2900	Max: 1
Detail - Optional	
Loop: 2320	**Elements: 5**

User Option (Usage): Situational
Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Situational

Description: Code identifying type of claim
Medicare Advantage Notes:
Error Message: Claim Filing Indicator code (SBR09) is Invalid. 'MA' or 'MB' should be used.
Description: Claim Filing Indicator code is Invalid. 'MA' or 'MB' should be used on Cross over and Medicare Advantage claims.

Code	Name
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

\

GE   Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	**Elements: 2**

User Option (Usage): Required
Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
						Required
GE02	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender
TennCare Notes: *Same as GS06*

IEA   Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	**Elements: 2**

User Option (Usage): Required
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA02	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender
TennCare Notes: *Same as ISA13*